

pulse

ALL ABOUT COVID-19: SECOND EDITION

MARCH 2022

COVID-19 response Kaiāwhina join SCDHB workforce

On Monday, 21 February 2022, 14 new Kaiāwhina (Health Care Assistants) started their first day on the job at SCDHB. Kaiāwhina have been recruited specifically to support our COVID-19 response.

They will work closely alongside our registered health professionals to care for patients, and will work across many service areas with the most need for additional support during various stages of our COVID-19 response. This could include in the CAT (COVID-19 Assessment Triage) Ward, in the CCC (COVID-19 Co-ordination Centre), or in the front of hospital screening our patients and visitors.

The cohort of Kaiāwhina was welcomed by Megan Stark – Learning Hub Advisor, Te Wera King – Kaimahi Hauora Māori, Christine Akurangi – Community Mental Health,

Māori Mental Health Worker, and Joseph Tyro – Director of Māori Health, and Anne Greaney – Clinical Resource Manager. The day started with an introduction to the South Canterbury District Health Board and we shared our excitement to see this cohort of passionate new staff members start their careers with us.

Their accelerated learning programme consists of six training days where they will learn skills to support them in the environments they will be working in. Day one of the three-week Learning Programme kicked off with some training in basic ADLs (activities of daily living), bed making, mouth cares, bed baths, and they were given information on infection prevention and control practices, COVID-19 swabbing, PPE, delivered by Megan Stark, Angela Foster, Anneke Dossett, Jeannette Pateman and Vicky Waite.

Keep an eye out for our Kaiāwhina as they join our teams, shadowing you in your positions to put their training into practice and learn more about how they can help you and our patients.

They're ready and willing to help – we know you'll be ready to welcome them into our mahi!





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Life and work at Phase 3

As COVID-19 case numbers increased significantly, New Zealand moved to Phase 3 at 11:59pm on Thursday, February 25th.

Phase three has a focus on minimising and slowing further spread while moving to a stance of greater self-management. There are important changes to isolation and testing rules.

Under Phase 3, only confirmed cases and their household contacts will be required to isolate. Both the case and household contact are only required to isolate for 7 days from 11.59pm, Friday, 11 March.

Household contacts will need to have a rapid antigen test at day 3 and day 7 of their isolation period. If they become symptomatic, they should also get a test, and if the result is positive, they are required to isolate for 7 days from that point.

Recovered cases will no longer need to self-isolate if they become a household contact within 90 days after having the virus. This is an increase from the current 28 days.



FAQs

Won't this lead to a surge in case numbers?

The virus is usually transmitted in the first seven days, so we expect there to be little further transmission after the reduced isolation period.

What will happen if a new, more infectious variant emerges?

Like every part of our COVID-19 response, we are constantly monitoring changes to the virus overseas and emerging evidence. We will review and change these health settings as needed to protect New Zealanders.

Does a Case who is in day 8 or more of their self-isolation on Friday have to complete 10 days?

No, they may be released if they have completed a full 7 days and have no symptoms.

Does an entire household have to reset their seven days every time a new member tests positive?

Household contacts can end their self-isolation on the same day as the first person with COVID-19 in the household, provided they have no new or worsening symptoms AND their Day 3/7 tests were negative.

If a person (case or household contact) is symptomatic at day 7, can they still leave isolation?

Case – legally can leave isolation, however the public health advice is to stay home until 24 hrs after symptoms have resolved.

Contact – also can legally leave isolation, however, if newly symptomatic and negative RAT on day 7, a further RAT should be taken 48 hrs later. Health advice is to stay home until 24 hrs after symptoms have resolved.

Does a person who has COVID-19 have to return a negative RAT before leaving isolation at day 7 or is that only household contacts? Why?

Cases do not need to return a negative RAT to leave isolation – this is based on the evidence re the decline in infectiousness over time if a case. There is a low likelihood of a case still being infectious after 7 days. Testing household contacts is to determine if contacts have become cases – hence the need to test at day 3 and day 7 – if they test positive, they then need to self-isolate for 7 days.

If a household contact returns a positive result at day 3 OR 7, does their isolation period reset for another 7 days?

Isolation period commences from onset of symptoms, or positive test, whichever comes first.

Q&A

Q What are the symptoms for Omicron?

A The most common symptoms of Omicron are a sore or scratchy throat and a runny nose.

Q What is the difference between a case, a household contact, and a close contact?

A A case is someone who has tested positive for COVID-19 by PCR or RAT or GP diagnosis.

Household contact are people who live in the same house as someone who is a case.

Close contact is someone who has had close contact with a case when they were infectious but does not live in their household.

Q Will the use of RAT make you a confirmed or a probable case?

A A positive RAT result indicates you probably have COVID-19. In Phase 3, symptomatic people and/or asymptomatic close contacts whose RAT is positive will be considered a probable case and not need to be verified with a PCR.

Q I'm a SCDHB employee, and I've had my booster shot and now sick and can't come to work. What type of leave will this be?

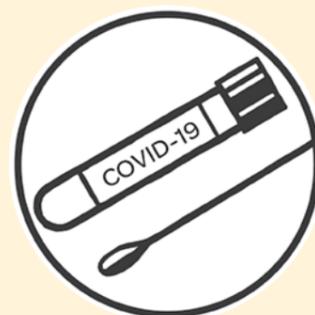
A This is special leave.

Q I'm a SCDHB employee, I'm feeling unwell and was advised to get a COVID-19 swab. What type of leave is it?

A This is special leave.

Q I'm a SCDHB employee, I've had a COVID-19 swab and it's negative but I'm still feeling sick. What leave will this be?

A Sick leave.





Omicron in the community: Phase 3 settings

Situation: Widespread community cases, need to change tack to manage pressure on health services

Objectives: Preserve (protect vulnerable communities and critical services and infrastructure)

Response Settings	
Testing 	<p>Omicron testing plan is now in operation</p> <ul style="list-style-type: none"> Change – Focus PCR testing on priority populations Continue – Continuation of ‘Close Contact Exemption Scheme’ if needed for asymptomatic healthcare and critical workforce who are household contacts using RATs Change – Shift from testing of most who are symptomatic via PCR to RATs Change – Symptomatic people may use RAT as diagnostic test – positive results do not need to be confirmed with a PCR test unless this is advised. RATs available from GPs and community collection sites <p>• Continue Border workforce regular RATs</p> <p>• Continue ‘Close Contact Exemption Scheme’ if needed for asymptomatic critical workforce using daily RATs</p> <p>Sustaining new approach to testing</p> <ul style="list-style-type: none"> Continue to supply RATs to healthcare and other critical workforces to meet demand Monitor PCR demand and reporting timeframes following changes to testing plan and in light of changing incidence Monitor supply/demand and where required recommend action to re-prioritise.
Case investigation and contact tracing 	<p>Case notification and investigation:</p> <p>End to end electronic pathway utilised and cases supported to self-notify close contacts.</p> <ul style="list-style-type: none"> Cases identified via positive PCR, RATs or symptoms. Notified by text and directed to online self-investigation tool Self investigation tool will focus on very high-risk contacts e.g., correctional facilities households and residential care settings, thereby narrowing the numbers of contacts identified PHUs focus on outbreak management and very high-risk settings NCIS provide a supporting role to PHUs. WGS is prioritised based on PHU and MOH advice <p>Contact categorisation:</p> <ul style="list-style-type: none"> Household Contacts and Close Contacts only <p>Contact management:</p> <ul style="list-style-type: none"> Light touch support for contacts, who will be automatically notified from online self-investigation with an option for cases to self-notify their contacts Close Contacts provided information to self-manage, option to test if symptomatic Only highest risk contacts will be traced and required to isolate Close Contact Exemption Scheme for critical infrastructure workers if needed <p>Isolation requirements for cases and contacts:</p> <ul style="list-style-type: none"> Cases: isolate for 7 days, (self-release after day 7) Household Contacts: Isolate from day that case receives positive test. Release on the same day as the case Close Contacts: not required to self-isolate <p>Testing:</p> <ul style="list-style-type: none"> Household Contacts: test when symptoms develop or when the case reaches day 3 and day 7 of isolation Close Contacts: If COVID-19 symptoms develop, get a test <p>Locations of interest (LOI) / push notifications:</p> <ul style="list-style-type: none"> Limited use of push notifications, locations of interest and Bluetooth notifications at high case numbers – QR scanning to remain. <p>Technology:</p> <ul style="list-style-type: none"> Self-registration of cases but no case investigation completed. <p>Border case investigation:</p> <ul style="list-style-type: none"> N/A
Isolation and quarantine 	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 7 days (self release after day 7) <p>Household Contacts:</p> <ul style="list-style-type: none"> Isolate with case (test when symptoms develop or when the case reaches day 3 and day 7 of isolation). Release on the same day as the case (after the case has completed 7 days isolation) provided no new or worsening symptoms AND negative day 7 test. If another household member becomes positive, that household member would commence 7 days of isolation as a case, however the rest of the household, assuming negative tests, would still be released on the first case’s day 7 <p>Care in the community</p> <ul style="list-style-type: none"> Majority of positive cases are self-managed. Clinical care is focussed on those with high needs. Wraparound health and welfare support services will focus on those with high needs. Support for positive cases to isolate in their usual place of residence and unlikely there will be alternative accommodation capacity available for cases that are unable to safely isolate at home. <p>Close Contacts:</p> <ul style="list-style-type: none"> Not required to self-isolate <p>Critical infrastructure/health workforce capacity will be supported by public health guidance to enable contacts and if appropriate cases to work, which may include asymptomatic surveillance testing using RATs.</p> <ul style="list-style-type: none"> Lower risk individuals and households will likely present directly through other channels/services (such as community providers) as case numbers reach very high levels. Community providers designated as a critical workforce.

Recommended use of masks and face coverings

General public 	Medical mask that meets NZ standard with option of layering reusable face mask on top
Health workers 	Certified medical mask – Type IIR Level 2-3 or in specific circumstances P2/N95
Higher risk health workers or border staff 	Staff who are patient facing, and providing direct patient care where the patient has not been screened, or tested (or with a pending result) for COVID-19 should now wear a N95 mask. This includes Emergency Department, Maternity, Mental health, General Practice, District Nursing, Home Based services and any other service where the staff are providing direct care to unscreened or untested patients. Additional to this clinical criteria staff working with immunocompromised patients are to wear a N95 mask.

Case Volumes
EXTREME

Proportion of cases investigated
LOW

Case: Contact Ratios
UNKNOWN

Hospitalisations
VERY HIGH

COVID-19 Resilience Update

Equity

Phase three of the Omicron response includes a change to self-management for people who are low risk of severe illness.

The system is supported by an end to end electronic system inclusive of text notifications, self-declaration of RAT test results in mycovidrecord.health.nz. A proportion of our population may not have the health literacy or the resources to support self management. We have focused on engaging with our NGO sector such as the migrant centre, Fale Pasifika and the Tongan Society South Canterbury, leveraging their existing networks within South Canterbury to support health literacy and health navigation in our community.

Infrastructure

Central monitoring has been successfully installed at the COVID-19 Ward.

It allows the nurses and doctors to monitor the patients’ condition without having to go in the room. The ED isolation door is completed. In the COVID-19 ward, we have had the Dräger and doors installed.



Project team meets with Fale Pasifika

On Friday, February 11, the COVID-19 Resilience Project team met with Badi Taafaki, Manager of Fale Pasifika o Aoraki, a local social services agency in South Canterbury that provides support for Pacific people living in the region.

SCDHB will partner with Fale Pasifika o Aoraki and other community providers in support of the Pasifika Community navigating through the health system during the COVID-19 pandemic.

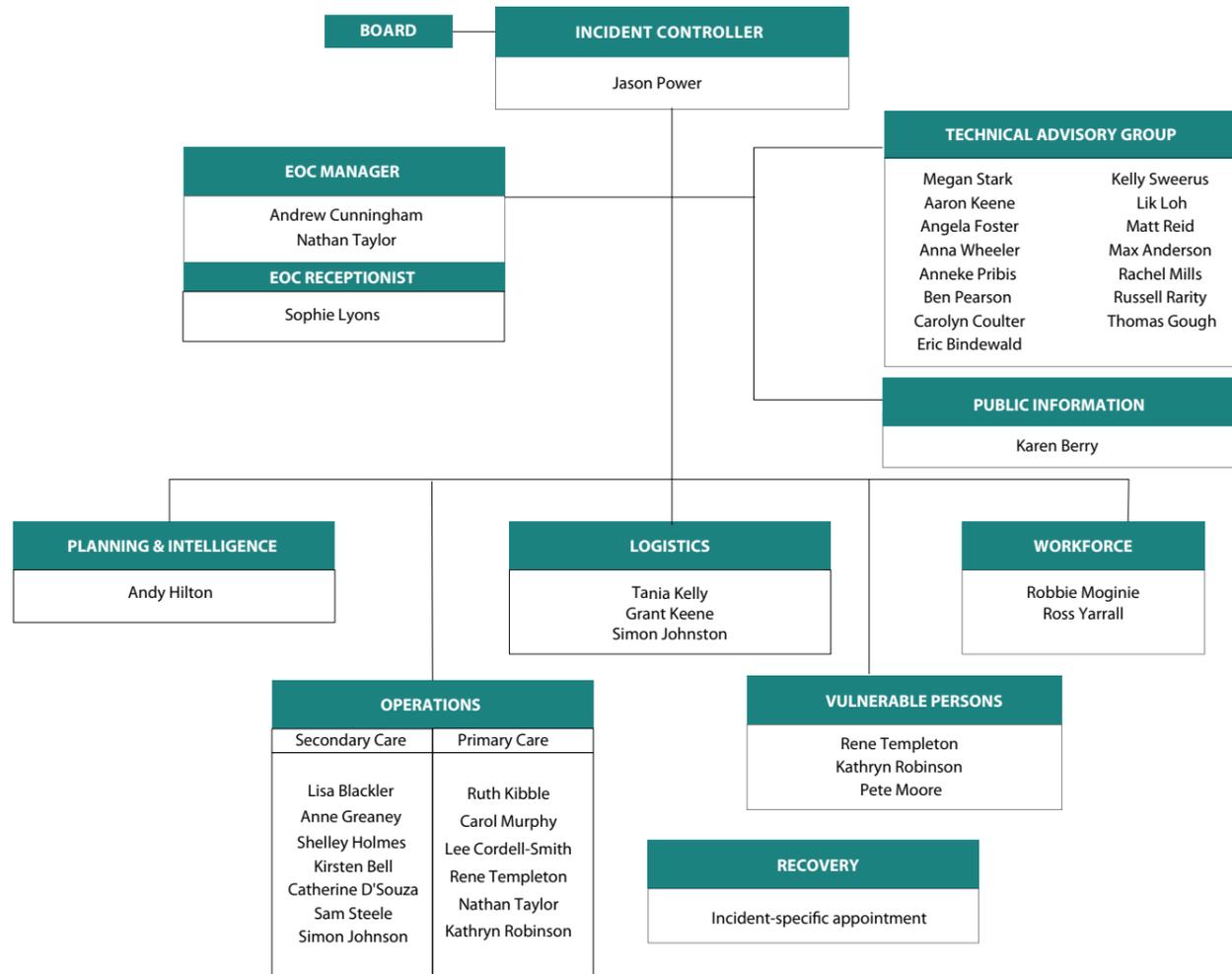
Fale Pasifika o Aoraki’s services include Whānau Ora, Fakelekesi Mareqeta (mother and pepe programme) Emergency Housing, Pacific Health Homes Project, Whānau Resiliency, Prevention & Intervention of family violence.





Incident Management Team (IMT) Structure 2022

The Incident Management Team is a group of people working collectively to help manage and mitigate disasters. The team is comprised of defined roles such as Operations and Logistics, and where possible the people appointed to these roles already do this work in their day jobs. While the day to day management of COVID-19 is looked after by the COVID-19 Coordination Centre (CCC), if the CCC becomes overwhelmed the IMT will step up to help carry the burden and engage externally with our partner agencies to manage the outbreak.



Timaru Rapid Antigen Testing (RATs) Community Collection Sites at Aorangi Park begins operation

RAT distribution started on Tuesday, March 1 at the Aorangi Park on Morgans Road.

It operates from 8am-4.30pm, Monday-Sunday for 6 weeks. Anyone with COVID-19 symptoms or who are a household contact can collect their RATs there. It also distributes RATs to border workers who are required to be tested under the Required Testing Order.

Six staff members work at the collection site along with two marshals who screen the incoming patients and help direct traffic.

Katrina Whiu, the site lead, who has been working on COVID-19 testing since December, 2020 said, "it's been busy. However, bigger space here compared to our old site at the Baptist Church makes it flow a lot easier."

Rose Farr, another staff member, said that she really enjoys working at the new site as there are more room and more staff. Also, the good team leadership from Katrina and the fantastic team makes a whole world of difference.

Below: Rose Farr, Katrina Whiu, and Jan Lord working at the collection site



New scheme shortens isolation period and allows COVID-19 positive workers to return to work under exceptional circumstances.

On the 4th of March 2022, the Acting Director General of Health, Robyn Shearer, issued a notice of exemption which update the self-isolation guidance for critical health care workers who are or may be positive with COVID-19.

It's really important to note that you will not be forced to come to work if you are positive COVID-19. Your line manager will stay in touch with you and discuss these options with you.

The message is to those workers who are in roles that:

- must be performed at their workplace
- have a particular skill set and
- must continue to work in order to
 - prevent immediate risk of death or serious injury to a person OR
 - prevent serious harm (social, economic, or physical) to significant numbers in the community

This is in response to the potential critical levels of staffing that may occur as more people are affected by COVID-19. Below is a brief summary of these new conditions for returning to work.

- If service delivery is NOT at risk by your absence the current self-isolation guidelines continue.
- However, if your ability to come to work is **critical** for that service AND you are either asymptomatic or have very mild symptoms you can return to work from day 6 provided you have 2 negative RAT tests in a row (so for example, you test negative on both day 5 & 6 – you can come to work)

Deployment to a COVID-19 ward while you are testing as positive with COVID-19

- If you are **asymptomatic** or have **mild symptoms** and if **all other options have been exhausted you may be asked to return to work with NO stand down period and work in an area with positive COVID-19 cases**, such as the COVID-19 ward.

For further information, check out the link below with full details from the MOH Guidance for healthcare workers who are COVID-19 cases or contacts during an Omicron outbreak:

www.health.govt.nz/system/files/documents/pages/spw_dg_notice_critical_health_workers_who_are_covid-19_cases_fr_4_march_22_v3.pdf



Download Āwhina app now for the most up-to-date healthcare sector information

Āwhina is your source on the latest information relevant to the health and disability sector. You'll receive notifications when content is added or updated. The App was initially developed by the Ministry of Health to make COVID-19 information easily accessible to health workers; now the Ministry is beginning to use Āwhina for other important information.

You can download the Āwhina app free on your phone or tablet from the App Store (Apple users) or Google Play (Android).



PHASE 3

SCDHB Critical Service “test to return” process

All SCDHB staff are considered critical workers. If you become a household contact, you are eligible for the “test to return” using Rapid Antigen Testing (RATS).

Follow the below process:

You are considered a household contact if you live with someone who has tested positive to COVID-19.

Step one: You need to ring your manager or call Duty Nurse Manager (DNM) on 027 201 1800 if it's after-hours.

Step two: Your line manager or DNM will arrange for your RAT to be available to pick up (please note, you must collect this yourself).

Step three: To collect your RAT kit Monday to Friday 8.00 – 4.00pm, phone Supply on 03 687 2381. If collecting after-hours, as arranged with the DNM.

Step four: You can take your kit home with you. As a critical worker, you need to make sure you test before each work day/shift for 7 days. Please confirm with your line manager when would be the best time to do the test each day, so it work best with your roster/work hours.

Step five: After testing, you will need to record your result in My Covid Record, as well as advise your line manager. If you cannot access My Covid Record, then please call 0800 222 478 and they will be able to support you with recording your results.

- A positive RAT result does not need to be confirmed with a PCR test unless this is advised.
- If at any stage your RAT is positive, you are deemed a COVID-19 case. You must isolate for 7 days. This is “special leave”.
- If you develop symptoms but you RAT test is negative, please stay at home until you are well. This is normal sick leave.
- There is support available on 0800 222 478, at the Ministry of Health website and at business.govt.nz to help if you need more information.

Non-DHB Critical workers “test to return” process

If you are a vaccinated asymptomatic critical workers who are a household contact, you will be able to access RATs under the Close Contact Exemption Scheme which allows workers to continue to work outside their place of residence, as long as they return a negative rapid antigen test prior to each day/shift they are at work during the 7-day isolation period.

Follow the below steps to order, collect and test

Step one: Ordering RAT A critical worker needs to visit the Ministry of Health website <https://ncts.force.com/ratorder/s/> to place an order for the RAT.

Step two: Collecting RAT Once the test is ordered, people will receive a confirmation email containing the RAT Order Number. They can then pick up the test from their chosen RAT Collection Site.

They must present the following at the RAT Collection Site when you pick up:

- RAT Order Number
- personal identification (e.g. driver's licence or passport)

- a notification that confirms they are a close contact (e.g. text message or app notification)
- Their employer's Critical Services Register unique identifier
- a critical worker authorisation letter from their employer or their workplace identification.
- vaccine certificate

Step three: Testing you need to make sure you complete your RAT before each day/shift for 7 days. After your test, your will need to record your test result at My Covid Record site: <https://mycovidrecord.health.nz/>.

- You should also advise your employer. If you cannot access My Covid Record, then you should call 0800 222 478 and they will be able to support you with recording their results.
- If you get a positive test result, you must self-isolate immediately and report your result on My Covid Record. Log into mycovidrecord.health.nz or call 0800 222 478 and press option 3.

If symptomatic, pick up your Rapid Antigen Test here:

<p>Timaru Timaru Rapid Antigen Testing (RATs) Community Collection Site, Aorangi Park Stadium, North End carpark, Entrance off Morgan Road, Timaru: Monday to Sunday 8am to 4:30pm.</p> <p>Geraldine Geraldine Pavilion, Geraldine Domain (entrance off Hislip Street: Monday–Sunday 8am to 12noon.</p>	<p>Please note, the Geraldine RATs Distribution Centre will be changing location and hours as of Friday, 18 March 2022.</p> <p>The new hours and location are as follows; Geraldine Rugby Club, George Street, Geraldine: Monday-Friday 8am to 12pm, Saturday CLOSED, Sunday 8am to 12pm.</p>	<p>Waimate Oak House Clinic, 161 Queen Street, Waimate 7924: Monday-Friday, 4pm to 5pm.</p> <p>Twizel Mackenzie Pharmacy, 6-7 Market Place, Twizel: Monday-Friday, 4pm to 5pm.</p> <p>Fairlie Fairlie Healthcare, 78 Main Street: Monday-Friday, 4pm to 5pm.</p>
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How to use a Rapid Antigen Test

Test instructions vary depending on the brand. Many rapid antigen testing kits generally follow the instructions below, but not all. Please follow the manufacturer's instructions.

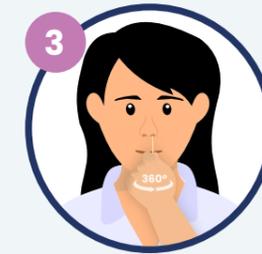
Collecting a sample



Remove a nasal swab from the pouch.



Insert the swab into one of your nostrils up to 2-3cm from the edge of the nostril.



Slowly roll the swab 5 times over the surface of the nostril. Using the same swab, repeat this collection process in the other nostril.



Check the kit box instructions to confirm the correct time frame to read your result. This may vary depending on the kit.

Testing the sample



Peel off aluminium foil seal from the top of the extraction vial, which contains the extraction buffer.



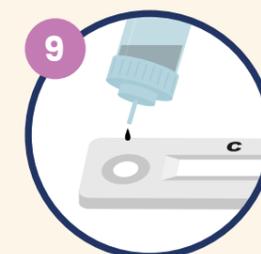
Place the swab into the extraction vial. Rotate the swab vigorously at least 5 times.



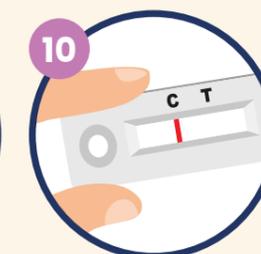
Remove the swab by rotating the swab against the vial, while squeezing the sides to release the liquid from the swab.



Close the vial with the provided cap and push firmly onto the vial. Mix thoroughly by flicking the bottom of the tube.



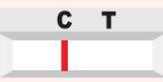
Turn vial upside down and hold sample over sample well. Squeeze vial gently. Allow the required drops according to the kit instructions, to fall into the sample well.



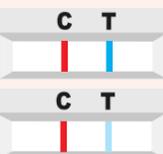
Please check on the kit instructions and follow the confirmed time to check for your test result.

Reading your result

Negative
One line next to the **C** indicates the test is negative.



Positive
Two lines, one next to **C** and one next to **T** (even faint lines) indicate the test is positive.



Invalid Result
No line next to **C** indicates the test is invalid.



Reporting your result

You need to report your result. This can be done on My Covid Record.

Log into mycovidrecord.health.nz or call 0800 222 478 and press option 3.

If you are in the Close Contact Exemption Scheme, you should advise your employer of your result.





Patient Rapid Antigen Test (RAT) Screening Begins

A supervised RAT drive-thru clinic patients who are undergoing an aerosol generating procedure such as intubation or lung investigation began operating in the parking lot behind the Timaru Hospital Gardens Block.

The RAT testing is mandatory and exclusively for patients who have surgery or outpatients who have appointments in which patients may undergo an aerosol operating procedure. The patients who require the RAT test will be contacted by phone to inform them to come to the testing site before entering the facility to attend their appointment.

On the first afternoon of testing, Shelley Holmes, Charge Nurse Manger of the surgical ward, and Perryn McLean distributed tests and guided in-coming patients to complete their tests, while Lisa Blackler, Director of Patient Nursing & Midwifery Services at the SCDHB, and Emma McLean screened patients in their car.

The RAT screening will take place every Monday to Friday between 7:30am – 11:30am and 4:00pm – 7:00pm.

When patients approach the RAT drive-thru screening site, they'll be guided by marshals wearing pink vests on Queen Street. Patients will be screened for COVID-19 symptoms. After they have been cleared, they will be cross checked to appointment and given a RAT test. After 15 mins, if their results return negative, they'll be given a wrist band confirming their result which enables them to proceed to their surgery or appointment.

If they have any COVID-19 symptoms they'll be asked to register their result on My Covid Record and referred to Aorangi Park, Morgans Road to pick up their RATs.



Jeanette Pateman joins Angela Foster on infection, prevention and control

Jeanette Pateman joins with Angie Foster, Infection Prevention and Control Nurse, to work in infection, prevention and control, bringing an extra pair of hands to this important task during this busy period.

Together, they'll be working on the surveillance of hospital-acquired infection within the hospital environment and liaising with community and primary care providers to help promote infection prevention and control practices and procedures.



Connecting with our NGO network

As we reach phase 3 of our Omicron plan for care in the community, it is increasingly important that we connect with our NGO sector who have close links with our more vulnerable people in our population, both from a health and welfare perspective.

NGOs will play an important part in supporting the health literacy and health navigation for the people they connect with.

Left: Anna Wheeler connects with Volunteering Mid & South Canterbury Network to support key COVID-19 response messaging and system awareness



Getting ready for redeployment with Omicron

The COVID-19 pandemic is requiring us to work in new ways and in new settings (like our current COVID-19 protection framework) across primary, secondary and community care.

As we step through the different phases of our COVID response, we start thinking about other ways we can adapt to maintain the health services we provide for our community as best we can, while keeping our community of kaimahi (staff) safe and healthy.

Redeployment is one of the ways we are already doing this. Over the past months, we have asked who is willing to put their hand up to be called on, if some of our service areas need more support; what support you need to feel able to step out of your normal area of work and lend others a hand; and of course we have been thinking about how we can deliver our services if we experience workforce shortages. Ahead of critical peaks in demand, we have asked you to prioritise our services as critical, essential or non-essential.

Right now, no decisions have been made on redeployment. These decisions will be made by our IMT, and will be guided by a set of principles all DHBs have committed to work within, when asking our kaimahi to pick up new or very different work. One of the most important principles is that engagement and consultation with you is at the core of any redeployment discussion, and that no employee

will be asked to work out of scope or in a way that makes them feel unsafe or could put them or the public at risk.

The Learning Hub are putting in the mahi (work) by making regular refresher training available to support you to feel ready to jump in and support another service. Refresher sessions are on the likes of PPE, CVAD, Cannulation and Venepuncture. Keep an eye out on the Learning Hub Facebook group and iHub for details of these sessions.

If you haven't already, have a chat with your line manager or the Learning Hub to discuss how you could contribute if and when needed. We hope this will be a great opportunity for you to connect with colleagues you haven't worked closely with before and refresh or expand your professional skillset. We are as ready as we can be. Our COVID-19 response preparation has only been possible though because of the number of people who keep stepping into this uncertainty with their best foot forward. Thank you.

If you have any questions about the redeployment process, please get in touch with Rachel Mills or Alice Knight.

Alice Knight
HR Business Partner
aknight@scdhb.health.nz
(03) 687 2438

Rachel Mills
Acting Associate Director of
Nursing and Midwifery
rmills@scdhb.health.nz
021 560 087

Enrolled Nurses as full vaccinators

Following consultation with the Nursing Council of New Zealand, the Ministry of Health has issued the following statement to support the Enrolled Nurses to become fully authorised vaccinators in order to support the upcoming MMR and influenza immunisation campaigns.

Enrolled Nurses will complete the training and assessment to be an (independent) authorised vaccinator.

However, their role as a vaccinator must fit within the Enrolled Nurse legal scope of practice which is set under the HPCA Act by the Nursing Council. The scope statement requires Enrolled Nurse to work 'under direction' of a registered health practitioner.

The Ministry notes the circumstances in which an Enrolled Nurse can work as an authorised vaccinator should align with the scope of practice for Enrolled Nurses set by the Nursing Council of New Zealand.

The Ministry supports Medical Officers of Health approving Enrolled Nurses as fully authorised vaccinators, when they fulfil the criteria outlined in the Medicines Regulations 1984 and the Immunisation Handbook.

ENs who are currently provisional vaccinators and wish to become fully authorised vaccinators will need to undertake the relevant training and apply for authorisation as such. A bridging course is expected to be available from the Immunisation Advisory Centre (IMAC) in May.



Introducing Ann-Maree Blissett

I am Ann-Maree Blissett. I have recently started as the Clinical Nurse Manager for the Community Mental Health Team at Kensington.

I am a registered nurse. I have worked at the SCDHB for 11 years as a case manager in the addiction team and also as the court liaison nurse. I am really excited about the increased responsibilities and opportunities this new role will provide.



Undergraduate Student Placements

While it is important to recognise the need for academic progression and impacts on health workforce pipelines, our first priority guiding placement of students within our DHB is to ensure the students and the patients are kept safe. With this in mind, some key things to note are listed below regarding student placement during Phase 3 of the COVID-19 Protection Framework.

In partnership, education providers and health service placement providers commit to:

- Keeping student safety as the first priority, including provisions for assessing vulnerability
- Recognise that students from different year groups will have differing levels of knowledge and first year students are particularly vulnerable
- As all students are considered essential workers they are to receive the same access to MOH requirements such as appropriate PPE including N95 masks
- All students on placements must have appropriate supervision to help mitigate the enhanced risks inherent in working in the COVID-19 environment. As supervisors we must prioritise providing services to patients over providing supervision. Collaborate to support and supervise students in the field/placement

- Senior students (for example, the year 3 nursing undergraduate) will be regarded as critical workers in respect to stand down requirements as per the Protection Framework, and therefore will have access to equipment and testing facilities
- Under Phase Three, students under placement with the DHB may be asked to provide clinical care in a Health Care Assistant or other role. The student is under no compulsion to accept such a role. Students must be employed under a contractual agreement in all roles involving patient contact, including telehealth roles.

For further information, check out the Undergraduate Student Placements guidelines from TAG on iHub

Get to know Dr Matthew Reid

Dr Matthew Reid is the Medical Officer of Health at the SCDHB who is based in Christchurch. He works for Te Mana Ora Community and Public Health, which is the public health unit for South Canterbury, Canterbury and West Coast.

What does your work involve?

I'm the Medical Officer of Health responsible for South Canterbury and I also work with the Health Protection team at Te Mana Ora. That means I have a role in the protecting and promoting the health of the population of South Canterbury in particular but also across the whole area covered by Te Mana Ora.

How are you working with the SCDHB on COVID-19 response?

As the Medical Officer of Health for South Canterbury I've been working with SCDHB to manage any people who test positive for COVID-19 in our rohe and get prepared for when we see more COVID-19 spreading in

the community. Increasingly as COVID-19 spreads more in the country and in the South Island, that means discussing how we work to make sure that we slow down transmission and look after the needs of everyone who does test positive. Aside from COVID-19, I work with the Te Mana Ora team in Timaru in their work such as the WAVE programme, which promotes health through education settings – early childhood education, schools and tertiary, and in health protection, such as looking at alcohol licences and responding to other notifiable diseases.

How has COVID-19 changed your work focus?

COVID-19 has dominated my work for Te Mana Ora, particularly since August last year. In addition, my work until July 2021 was working for the previous 15 months for the National Investigation and Tracing Centre at the Ministry of Health (which supports the national COVID-19 response), and before working at Te Mana Ora in the first wave of COVID-19 in NZ. In summary, COVID-19 has been 90 to 100 percent of my work for the last two years.



What's your background and experience?

I grew up in Otago and Te Tai Tokerau, with close family connections to South Canterbury (Winchester and Tekapo). I trained as a doctor in Dunedin and was training in Paediatrics in Ōtautahi before I went to work for Médecins Sans Frontières (MSF) in Afghanistan, Sierra Leone, Liberia, Sudan, and Russia. My work increasingly moved towards the population health and I completed training in Public Health Medicine in 2011. Prior to the last two years I worked again for MSF in South Africa and then in Planning and Funding for Canterbury District Health Board.

COVID LEARNING FRAMEWORK

Unite against COVID-19

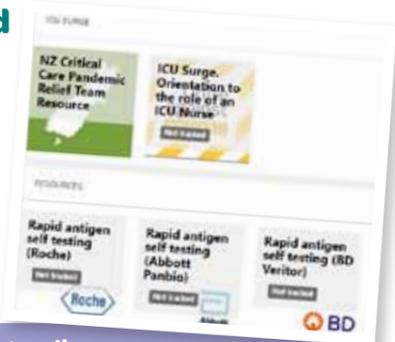
New healthLearn framework of COVID-19 courses developed

About this framework

The aim of this framework is to equip the health workforce with the basic skills and knowledge associated in caring for patients with COVID-19. We are highly recommending these courses for all staff based on the clinical requirements for their role.

Intended audience: All healthcare workers needing to increase their knowledge of caring for patients with COVID-19 who require conservative and therapeutic intervention.

The framework has four levels; each level is explained in more detail below.



Target audience

Basic knowledge and Skills

This level covers information on the basics of COVID-19, how to keep yourself safe, what are the different layers of protection and things that you can do if you are feeling stressed or anxious.

All staff working in a health care facility, regardless of role.

Enhanced knowledge and skills

This level covers information about COVID-19 in more detail including some pathophysiology. The aim of this level is to assist staff to increase their knowledge around caring for a patient who has COVID-19, however their primary condition is something else. Staff completing this level are expected to complete the preceding level.

Staff working in clinical areas, primarily (but not limited to) Midwives, Enrolled and Registered Nurses, Allied Health.

High care knowledge and skills

This level covers information and skills to support staff caring for patients who are unwell with COVID-19. The focus is around non-invasive ventilation and the specialised care of a patient. Staff working in areas completing this level are expected to complete the two preceding levels. NOTE: Only 1 one of the CPAP/BiPAP device courses needs to be completed.

This level is recommended for staff who are working in clinical areas where COVID-19 is the patient's primary diagnosis.

ICU Surge

This level is for staff who have been invited to participate in the ICU surge training. It is intended to increase staff knowledge and skills to enable them to assist in an ICU level environment if required. Staff at this level should have completed the three preceding levels.

Additional to the healthLearn courses for COVID-19 the following have been developed:

- Rapid antigen self testing (Roche) RGCT004
- Rapid antigen self testing (BD Veritor) RGCT007
- Rapid antigen self testing (Abbott Panbio) RGCT006
- Rapid antigen self testing (ecotest Assure) RGCT008
- Rapid antigen self testing (Orient Gene/Healgen) RGCT 009.

By the end of this course, you will be able to:

- Identify when to use the RAT test
- Conduct a good sample collection
- Carry out the procedure of testing
- Perform a test with a nasal sample
- Interpret the results
- Report results.

The overall aim of this course is to ensure you are able to safely and appropriately use the rapid antigen test (RAT) kits for screening for COVID-19 infection.



Wearing masks and anxiety

Face masks are now a part of our everyday lives, and for some this can be anxiety provoking.

The filtration factor on N95 masks causes an increased resistance to airflow, giving the illusion of breathing difficulty. This sense of breathing difficulty can provoke a flight-or-fight response that can stimulate anxiety.

Wearing a mask can also be anxiety-provoking because of what it has come to represent. Fears of illness and the challenge of uncertainty that has developed throughout this pandemic.

If wearing a mask does make you feel anxious or like it's harder to breathe, you could:

- Get some fresh air – try breathing in air outside before and after you need to wear your mask
- Keep your body as cool as possible – wear loose-fitting clothes or adjust the thermostat. Hydrate with cool drinks when on a break

- Reduce the time you spend with your mask on – you must take breaks and wherever possible, consider swapping staff out of work zones requiring full PPE regularly. Check on colleagues to see how they are coping
- Do something to relax before and after wearing your mask – try a short breathing exercise
- Avoid rapid, shallow breathing while you are wearing your mask – try using your diaphragm to breathe from your belly (your belly should rise and fall with your breath, rather than your chest rising and falling). Take long, slow breaths with the exhale lasting longer than the inhale. Counting the breath can help, as can practicing these sorts of breathing techniques when you aren't wearing your mask.

Coping strategies that you can use to deal with stress in a healthy way

1. Rest between shifts

It's hugely important to rest as much as you can between shifts. Sleep is a biological need, like eating and drinking. Getting respite can help you reset and provide physical refreshment.

Inadequate sleep has been shown to lead to declining neurological functioning and performance, increasing the rate of injury and poor health behaviours. You can also try to wind down before bedtime with mindfulness podcasts.

2. Stay connected with family and friends

It can be hard to get the right amount of sleep when juggling home life as well. During tough times, it is okay to rely on family and friends. They will help you balance work and home. For example, a family member might be able to look after your child, while a friend could prepare some food you to put in the freezer.

It is also important that we support each other and not to be judgemental about others who may be struggling (or those who are doing something helpful for them to relax). Now is the time to look out for and after each other.

3. Eat healthily

A healthy diet paired with physical exercise can help us better manage our stress levels. Unfortunately, stress can affect our ability to make healthy life choices.

Nutrients like Vitamin C and Omega 3 Fatty Acids can help lower levels of cortisol and blood pressure while boosting our immune system.

4. Get physical

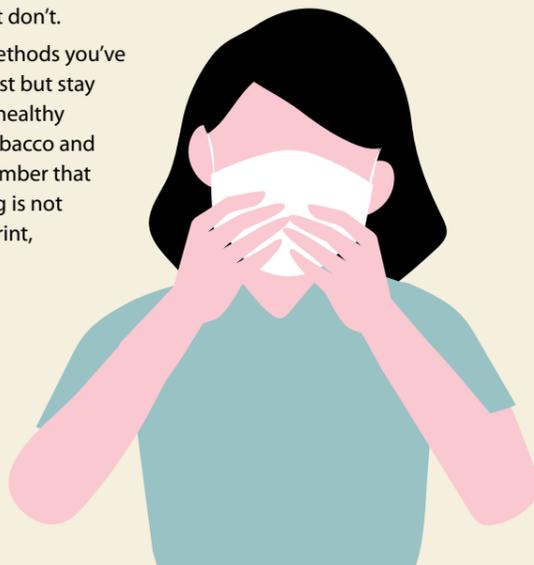
Physical activity is linked with a healthy body and disease defence. It can also sharpen your mind and reduce fatigue. This is important to understand, as stress can do the opposite.

Simply taking part in physical activity can help reduce tension, strengthen your mood and improve your sleep. Consider taking a walk outside during breaks and breathe in fresh air, appreciate nature and absorb the calm.

5. Trust in yourself

As a healthcare worker, you will be aware of stress and how it affects you. You know what coping methods help you to de-stress and those that don't.

Trust in the methods you've used in the past but stay away from unhealthy choices like tobacco and alcohol. Remember that your wellbeing is not a Band-Aid sprint, but a lifestyle marathon.



What you can do to relax

Relaxation is a way of spending time during which you rest and feel comfortable.

There are many ways that we can relax, and to help focus on this at work here are some exercises to consider. If one doesn't work for you, don't worry, just try a different one instead.

How to use these relaxation exercises:

- You can use relaxation techniques regularly, or every once in a while. Do whatever feels right for you at the time.

- Try and make some time in your day to try these exercises. Don't treat relaxing like a task that needs to be completed. Try to think of it as giving yourself some time and space.
- Find somewhere quiet and comfortable. Try to not be interrupted, if you can.
- Try to make sure your surroundings are the right temperature. It can be hard to relax if you're too hot or cold.

Exercise 1: Relax your body

When you're stressed your muscles can become tight and tense. This exercise helps you notice tension in your body and relax your muscles.

What will you need?

Somewhere comfortable to simply sit or lie down - space where you won't be interrupted.

What do I do?

1. Lie down or sit with your back straight and your feet on the floor. Close your eyes or focus on a spot in the distance.
2. Start by clenching your toes as much as you can for a few seconds then releasing them. Notice the difference between the two feelings.
3. Match this to your breathing. Tense your muscles as you take a deep breath in, and relax as you breathe out.
4. Move up your body to your thighs, your stomach and all the way to your shoulders and hands, clenching and relaxing each muscle group in turn. Take time to notice any parts of your body that feel tense, tight or tired. You can repeat if you still feel tense.
5. Take a moment to relax, then slowly and gently begin to move. When you feel ready, you can stand up slowly.

Variation

Instead of tensing your muscles, try placing something warm on each part of your body in turn.

Exercise 2: Take a mindful moment in nature

Mindfulness is a way of paying attention to the present moment. Spending time in green spaces has been found to reduce stress, anxiety and depression.

Follow these steps for a new way to experience your surroundings. This can also be a chance to get some gentle exercise.

What do I need?

Just yourself and a green space. Try the botanical garden (if at work), otherwise a local bush, reserve, garden or the coast.

What do I do?

1. Find a green space. When you get there, stop for a moment and take a deep breath.
2. Start exploring slowly. Try not to focus on getting somewhere in particular. Really focus on any movement you make. If you're walking, notice which part of your foot touches the ground first, and feel the transfer of weight through your foot.
3. Notice the ground underneath you. Is it grass or earth? Does the ground feel soft? What colours can you see?
4. Think about the rest of your body. How are you holding your arms? Does the air on your face feel cold or warm?
5. Listen to the sounds around you. Can you hear bird song, wind rustling through the leaves or moving water?

Variations

- If you can't go to a green space, you can try opening a window and noticing what's around you. Notice any clouds in the sky, or trees and plants you can see. Can you feel rain, wind or sun on your skin?
- You could try looking after a plant. Spend time focusing on its scent, shape and texture. You could try touching some of the leaves or soil and focusing on how it feels.

Exercise 3: Connect with your senses

If you are starting to feel stressed, overwhelmed or panicked, connecting with your five senses can help to ground yourself in the present moment.

You can do this exercise anywhere and it doesn't need any special equipment.

What do I need?

Just yourself

What do I do?

1. Look around you and notice five things you can see. It could be a pen, a mark on the wall, or someone's shoes. You can name these in your head or out loud, or write them down.
2. Name four things you can touch or feel around you. For example, your hair, your nose, the ground under your feet or the air on your skin.
3. Name three things you can hear around you. This could include things outside, or your own breathing.
4. Name two things you can smell around you. It doesn't have to be a strong smell, and you can take a short walk around to find something if you want to.
5. Name one thing you can taste at the moment.

Variation

If you can't engage all your senses, just do the ones you can. You can also change the numbers if you want to.

Looking after your mental wellbeing

You need to look after your mental wellbeing throughout life, just as you look after your physical health. Help is available.

Pick up a copy of the [Traffic Light Guide](#) or download from scdhb.health.org

Keeping Well

- Talk to friends, family and whānau
- Five Ways to Wellbeing, apps and online learning (mentalhealth.org.nz)
- Connect with local community support groups

Give

BE ACTIVE

KEEP LEARNING

CONNECT

TAKE NOTICE



Extra Support

- Contact your Medical Centre
- Or phone/text **1737** for free 24/7 counselling support

NEED TO TALK?

1737

free call or text
any time

Immediate Crisis

- Concerned for your or someone's immediate safety? Call 111
- Need help from Mental Health Crisis Team? Call 0800 277 997

Call **111**



pulse

is a snapshot of activity within the health board and wider health community. It is sent to South Canterbury DHB staff and providers including GPs, dentists, pharmacies and the health sector.

All written contributions are welcome.

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